2025-2026 Public Health Clinical Services Sliding Fee Discount Scale

(Medical & Behavioral Health)

Effective April 1, 2025- March 31, 2026

	Federal Poverty Guidelines								
	100% and below	**125%**	**150%**	**175%**	**200%***	**250%**	**300%**	**350%**	**400 + %**
Family Size	**A No Fee**	**B $10.00**	**C $20.00**	**D $30.00**	**E $40.00**	**F $80.00**	**G $100.00**	**H $150.00**	**I Full price**
1	$0 - $15,650	$15,651- $19,562	$19,563- $23,475	$23,476 - $31,300	$31,301 - $39,125	$39,126- $46,950	$46,951- $54,775	$54,776- $62,600	$62,601 or greater
2	$0 - $21,150	$21,151- $26,437	$26,438- $31,725	$31,726 - $42,300	$42,301- $52,875	$52,876- $63,450	$63,451- $74,025	$74,026- $84,600	$84,601 or greater
3	$0 - $26,650	$26,651 - $33,312	$33,313- $39,975	$39,976- $53,300	$53,301 $66,625	$66,626- $79,950	$79,951- $93,275	$93,276- $106,600	$106,601 or greater
4	$0 - $32,150	$32,151- $40,187	$40,188- $48,225	$48,226- $64,300	$64,301- $80,375	$80,376- $96,450	$96,451- $112,525	$112,526- $128,600	$128,601 or greater
5	$0 - $37,650	$37,651 $47,062	$47,063 - $56,475	$56,476 - $75,300	$75,301 - $94,125	$94,126- $112,950	$112,951- $131,775	$131,776- $150,600	$150,601 or greater
6	$0 - $43,150	$43,151 - $53,937	$53,938 - $64,725	$64,726- $86,300	$86,301- $107,875	$107,876- $129,450	$129,451- $151,025	$151,026- $172,600	$172,601 or greater
7	$0 - $48,650	$48,651- $60,812	$60,813 - $72,975	$72,976 - $97,300	$97,301 - $121,625	$121,626- $145,950	$145,951- $170,275	$170,276- $194,600	$194,601 or greater
8	$0 - $54,150	$54,151- $67,687	$67,688 - $81,225	$81,226 - $108,300	$108,301 - $135,375	$135,376- $162,450	$162,451- $189,525	$189,526- $216,600	$216,601 or greater
Per Each Additional Member	add $5,500	add $6875	add $8250	add $9625	add $11,000	add $11,000	add $11,000	add $11,000	add $11,000

***Note: Healthcare for the Homeless Eligibility Discounts Stop at 200% of FPG**

PAYMENTS SHOULD BE MADE AT TIME OF VISIT